Assisted Living Alberta Board and Executive Expense Report

Name: Sayeh Zielke
Title: Executive Chair
Location: Lethbridge
Expenses posted during the month of April 2026

				Travel (1)							
Approved MMM-YY	**Source Document**	**Purpose**	**Airfare**	**Meals**	**Accommodation**	**Other Travel**	**Total Travel**	**Professional Development (2)**	**Working Sessions Hosting and Hospitality (3)**	**Other (4)**
	P-Card	Meetings					-			
Apr-26	Expense Claim	Meetings		676	282	2,892	3,850			
	Direct Bill	Meetings					-			
		Total by category	$ -	$ 676	$ 282	$ 2,892	$ 3,850	$ -	$ -	$ -

Total posted for the Month $ 3,850

Maximum daily single meal expense posted in the month	$	28
Maximum daily base hotel rate posted in the month	$	-
Non economy air travel in the month	$	-

1) Travel expenses
Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development
Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses
Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include membership dues, small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

Health Shared Services

[redacted]

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Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Sayeh Zielke	**Expense Period Month:**	Apr-25
Address:	[redacted]	**City:**	[redacted]
Province:	[redacted]	**Postal Code:**	[redacted]
Country:	Canada		
Reason for Expense	Travel Expenses while both Interim CEO and the sole member of the Board (for April 2025)		

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
[redacted]					$446.00
					$1,091.05
					$0.00
				TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE	$1,537.05

SECTION 3: AUTHORIZATION

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for the applicable PHC/PHA Board and that this claim has not been previously claimed by me or on my behalf from Health Shared Services OR any other Organization

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Claimant (Print Name)	Signature: [redacted] igning this form, attest that I am compliant to all the above statements	Date	Phone#
Sayeh Zielke	Approval kept on file	30-Nov-2025	[redacted]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for applicable PHC/PHA Board and that this claim has not been previously claimed by the claimant or on their behalf from Health Shared Services OR any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Approved by (Print Name)	Position Title/Program Group
Toby Schneider	a/Chief Executive Officer, Assisted Living Alberta

Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
[redacted] Approval kept on file [redacted]	

Approved by (Print Name)	Position Title/Program Group
Sonya Johnston	Senior Financial Officer, ALSS

Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
Approval kept on file [redacted]	

Health and Personal information on this form is collected by HSS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering HSS Procure to Pay program.

[redacted]

Carry forward from Section 1			
Name:	Sayeh Zielke	Expense Period Month:	Apr-25

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

Travel Expenses while both Interim CEO and the sole member of the Board (for April 2025)

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accom-modation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt *or* Allowance Outside Canada					
			Meal Type	Allow-ance	Meal Type	Amount				
8-Apr-2025	Meeting with Deputy Minister. Travel to Edmonton at 8am to 1pm from [redacted] Lethbridge to 10800 97 Ave NW Edmonton	Yes	BD-$40.00	$40.00			$20.15			507
9-Apr-2025	Meeting with Deputy Minister and staying in Edmonton	Yes	LD-$44.00	$44.00			$20.15			
10-Apr-2025	Additional meetings with Dr. Chris Eagle in Edmonton	Yes	LD-$44.00	$44.00			$20.15			
11-Apr-2025	Additonal meetings with Cynthia Farmer in Edmonton	Yes	LD-$44.00	$44.00			$20.15			
12-Apr-2025	Additional meetings with Minister in Edmonton	Yes	LD-$44.00	$44.00			$20.15			
13-Apr-2025	Additional meetings with Deputy in Edmonton	Yes	LD-$44.00	$44.00			$20.15			
14-Apr-2025	Staying in Edmonton for additional meetings April 15-16	Yes	LD-$44.00	$44.00			$20.15			
15-Apr-2025	CEO Orientation, ALA Roundtable, ALA Board Meeting	Yes	LD-$44.00	$44.00			$20.15			
16-Apr-2025	Meetings continued and traveled back that evening to [redacted] Lethbridge from 10800 97 Ave NW Edmonton	Yes	LD-$44.00	$44.00						507
	Continued next page									
Total: (amount auto fills to page 1)				$392.00		$0.00	$161.20	$0.00	$0.00	1,014.00

BOARD MEMBER Mileage Rate	0.55	Total Mileage	$ 557.70

Carry forward from Section 1			
Name:	Sayeh Zielke	Expense Period Month:	Apr-25

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

Travel Expenses while both Interim CEO and the sole member of the Board (for April 2025)

SECTION 4B: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates

(Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accom-modation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt *or* Allowance Outside Canada					
			Meal Type	Allow-ance	Meal Type	Amount				
23-Apr-2025	Lethbridge 5pm to Sundre 8:30pm to meet with Minister	Yes	D-$27.00	$27.00			$20.15			320
24-Apr-2025	Stakeholder roundtable and Tours Sundre Supportive Living/Hospital/Lodge and then Return to Lethbridge from Sundre 3:30 to 7pm	Yes	D-$27.00	$27.00						320
Total: (amount auto fills to page 1)				$54.00		$0.00	$20.15	$0.00	$0.00	640.00

BOARD MEMBER Mileage Rate	0.55	Total Mileage	$ 352.00

Health Shared Services

[redacted]

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Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Sayeh Zielke	**Expense Period Month:**	Sep-25
Address:	[redacted]	**City:**	[redacted]
Province:	[redacted]	**Postal Code:**	[redacted]
Country:	Canada		
Reason for Expense	Travel expenses as Executive Board Chair for September 2025		

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
[redacted]					$64.00
					$598.13
					$0.00
				TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE	$662.13

SECTION 3: AUTHORIZATION

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for the applicable PHC/PHA Board and that this claim has not been previously claimed by me or on my behalf from Health Shared Services OR any other Organization

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Sayeh Zielke	Approval kept on file	30-Nov-2025	[redacted]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for applicable PHC/PHA Board and that this claim has not been previously claimed by the claimant or on their behalf from Health Shared Services OR any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Approved by (Print Name)	Position Title/Program Group
Toby Schneider	a/Chief Executive Officer, A

Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
Approval kept on file [redacted]	

Approved by (Print Name)	Position Title/Program Group
Sonya Johnston	Senior Financial Officer, AL

Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
Approval kept on file [redacted]	

Health and Personal information on this form is collected by HSS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering HSS Procure to Pay program.

[redacted]

Carry forward from Section 1			
Name:	Sayeh Zielke	Expense Period Month:	Sep-25

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

Travel expenses as Executive Board Chair for September 2025

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accom-modation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt *or* Allowance Outside Canada					
			Meal Type	Allow-ance	Meal Type	Amount				
4-Sep-2025	Mileage for ALA Board Meeting from [redacted] Lethbridge at 9am to 10800 97 Avenue NW Edmonton at 2pm	Yes	LD-$46.00	$46.00			$20.15			507
5-Sep-2025	Mileage for return from 10800 97 Ave NW Edmonton depart 5pm to [redacted] Lethbridge returned 10pm	Yes	L-$18.00	$18.00						507
Total: (amount auto fills to page 1)				$64.00		$0.00	$20.15	$0.00	$0.00	1,014.00

BOARD MEMBER Mileage Rate	0.57	Total Mileage	$ 577.98

Health Shared Services

[redacted]

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Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Sayeh Zielke	**Expense Period Month:**	Nov-25
Address:	[redacted]	**City:**	[redacted]
Province:	[redacted]	**Postal Code:**	[redacted]
Country:	Canada		
Reason for Expense	Travel expenses as Executive Board Chair for November 2025		

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
[redacted]					$74.00
					$618.28
					$0.00
				TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE	$692.28

SECTION 3: AUTHORIZATION

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for the applicable PHC/PHA Board and that this claim has not been previously claimed by me or on my behalf from Health Shared Services OR any other Organization

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Claimant (Print Name)	**Signature:** I, by signing this form, attest that I am compliant to all the above statements	**Date**	**Phone#**
Sayeh Zielke	Approval kept on file	30-Nov-2025	[redacted]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for applicable PHC/PHA Board and that this claim has not been previously claimed by the claimant or on their behalf from Health Shared Services OR any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Approved by (Print Name)	**Position Title/Program Group**
Toby Schneider	a/Chief Executive Officer, A

Signature: I, by signing this form, attest that I am compliant with all the above statements	**Date**
Approval kept on file [redacted]	

Approved by (Print Name)	**Position Title/Program Group**
Sonya Johnston	Senior Financial Officer, AL

Signature: I, by signing this form, attest that I am compliant with all the above statements	**Date**
Approval kept on file [redacted]	

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Carry forward from Section 1			
Name:	Sayeh Zielke	Expense Period Month:	Nov-25

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

Travel expenses as Executive Board Chair for November 2025

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accom-modation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt *or* Allowance Outside Canada					
			Meal Type	Allow-ance	Meal Type	Amount				
4-Nov-2025	Travel to Edmonton for meetings with Minister & ALA Meetings Depart 4pm from [redacted] Lethbridge to 10800 97 Ave NW at 9pm Edmonton	Yes	D-$28.00	$28.00			$20.15			507
5-Nov-2025	Meetings with Minister & ALA Planning Meeting Meals & Lodging	Yes	LD-$46.00	$46.00			$20.15			
6-Nov-2025	ALA Meeting in Edmonton to Home Depart 10800 97 Ave NW Edmonton at 1pm to [redacted] Lethbridge arrive 6pm	Yes								507
Total: (amount auto fills to page 1)				$74.00		$0.00	$40.30	$0.00	$0.00	1,014.00

BOARD MEMBER Mileage Rate	0.57	Total Mileage	$ 577.98

Health Shared Services

[redacted]

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Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Sayeh Zielke			**Expense Period Month:**	Dec-25
Address:	[redacted]		**City:**	[redacted]	
Province:	[redacted]	**Postal Code:**	[redacted]	**Country:**	Canada
Reason for Expense	December 2025 ALA Board Member Expense Claim				

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
[redacted]					$46.00
					$618.28
					$0.00
				TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE	$664.28

SECTION 3: AUTHORIZATION

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for the applicable PHC/PHA Board and that this claim has not been previously claimed by me or on my behalf from Health Shared Services OR any other Organization

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Claimant (Print Name)	**Signature:** I, by signing this form, attest that I am compliant to all the above statements	**Date**	**Phone#**
Sayeh Zielke	[redacted] Approval kept on file	25-Mar-2026	[redacted]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for applicable PHC/PHA Board and that this claim has not been previously claimed by the claimant or on their behalf from Health Shared Services OR any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Approved by (Print Name)	**Position Title/Program Group**
Toby Schneider	a/Chief Executive Officer, Assisted Living Alberta

Signature: I, by signing this form, attest that I am compliant with all the above statements	**Date**
Approval kept on file [redacted]	

Approved by (Print Name)	**Position Title/Program Group**
Sonya Johnston	Senior Financial Officer, ALSS

Signature: I, by signing this form, attest that I am compliant with all the above statements	**Date**
Approval kept on file [redacted]	

Health and Personal information on this form is collected by HSS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering HSS Procure to Pay program.

[redacted]

Carry forward from Section 1			
Name:	Sayeh Zielke	Expense Period Month:	Dec-25

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

December Travel Expenses - ALC which is specific to contract work

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accom-modation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt *or* Allowance Outside Canada					
			Meal Type	Allow-ance	Meal Type	Amount				
10-Dec-2025	[redacted] Lethbridge to 10800 97 Ave NW Edmonton from 9am - 2pm for ALA/ALC Podium Announcement	Yes	LD-$46.00	$46.00			$20.15			507
11-Dec-2025	ALA Planning Meeting	Yes					$20.15			
12-Dec-2025	Return to Lethbridge from 10800 97 Ave NW Edmonton to [redacted] Lethbridge 11am to 4pm	Yes								507
Total: (amount auto fills to page 1)				$46.00		$0.00	$40.30	$0.00	$0.00	1,014.00

BOARD MEMBER Mileage Rate	0.57	Total Mileage	$ 577.98

Health Shared Services

[redacted]

HSS AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Sayeh Zielke			**Expense Period Month:**	Feb-26
Address:	[redacted]		**City:**	[redacted]	
Province:	[redacted]	**Postal Code:**	[redacted]	**Country:**	Canada
Reason for Expense	February 2026 ALA Board Member Expense Claim				

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
[redacted]					$46.00
					$248.52
					$0.00
				TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE	$294.52

SECTION 3: AUTHORIZATION

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for the applicable PHC/PHA Board and that this claim has not been previously claimed by me or on my behalf from Health Shared Services OR any other Organization

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Sayeh Zielke	[redacted] Approval kept on file	25-Mar-2026	[redacted]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for applicable PHC/PHA Board and that this claim has not been previously claimed by the claimant or on their behalf from Health Shared Services OR any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Approved by (Print Name)	Position Title/Program Group	
Toby Schneider	a/Chief Executive Officer, Assisted Living Alberta	
Signature: I, by signing this form, attest that I am compliant with all the above statements		**Date**
[redacted] Approval kept on file		
Approved by (Print Name)	**Position Title/Program Group**	
Sonya Johnston	Senior Financial Officer, ALSS	
Signature: I, by signing this form, attest that I am compliant with all the above statements		**Date**
Approval kept on file [redacted]		

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[redacted]

Carry forward from Section 1			
Name:	Sayeh Zielke	Expense Period Month:	Feb-26

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accom-modation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allow-ance	Meal Type	Amount				
18-Feb-2026	Depart 10am from [redacted] Lethbridge for Assisted Living Navigation Portal Podium announcement at 12:30pm at 455 6St SW Calgary	Yes	L-$18.00	$18.00						218
18-Feb-2026	Depart 455 6St SW Calgary at 5pm for [redacted] Lethbridge at 7:30pm	Yes	D-$28.00	$28.00						218
Total: (amount auto fills to page 1)				$46.00		$0.00	$0.00	$0.00	$0.00	436.00

BOARD MEMBER Mileage Rate	0.57	Total Mileage	$ 248.52